



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners Committee
124 Halsey Street, 6th Floor, Newark, NJ 07102



PAULA T. DOW
Acting Attorney General

SHARON M. JOYCE
Acting Director

February 22, 2010

Kate P. Kolbert, LPC
37 Canterbury Lane
Westfield, New Jersey 07090

Mailing Address:
P.O. Box 45044
Newark, NJ 07101
(973) 504-6582

Dear Ms. Kolbert:

Enclosed please find a copy of the filed Consent Order in the matter of **Kate P. Kolbert, LPC**.

The terms of the agreement are detailed in the Order.

Please contact me at (973) 504-6582 if you have any further questions.

Very truly yours,
NEW JERSEY PROFESSIONAL COUNSELOR
EXAMINERS COMMITTEE

Elaine DeMars

Enclosure

ANNE MILGRAM
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the Professional Counselor
Examiners Committee of the New Jersey
State Board of Marriage and Family
Therapy Examiners

By: Susan C. Berger
Deputy Attorney General
Tel. No. (973)648-4876

STATE OF NEW JERSEY
DIV. OF CONSUMER AFFAIRS
BOARD OF MARRIAGE
& FAMILY THERAPY

2010 JAN 26 P 12:44

FILED

January 22, 2010
STATE OF NEW JERSEY
BOARD OF MARRIAGE AND FAMILY THERAPY EXAMINERS
PROFESSIONAL COUNSELOR EXAMINERS COMMITTEE

Carol L. Kohn

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
PROFESSIONAL COUNSELOR EXAMINERS
COMMITTEE OF THE STATE BOARD OF
MARRIAGE AND FAMILY THERAPY EXAMINERS

IN THE MATTER OF

Administrative Action

KATE P. KOLBERT, LPC
License No. 37PC0001100

CONSENT ORDER

ENGAGING IN THE UNLICENSED
PRACTICE OF PROFESSIONAL
COUNSELING IN THE STATE OF
NEW JERSEY

This matter was opened before the Professional Counselor Examiners Committee (hereinafter "the Committee") of the New Jersey State Board of Marriage and Family Therapy Examiners (hereinafter "the Board"), upon review of Ms. Kate P. Kolbert's February 24, 2009 application for reinstatement of her license to practice professional counseling. Respondent's license expired on November 30, 2008 and she failed to renew her license for the 2008-2010 biennial period. The respondent requested reinstatement of her license, stating that she had accumulated the required number of

continuing education credits; however, the continuing education courses were completed prior to the last two renewal periods.

Respondent admits that during the period after her license expired, from December 1, 2008 through February 24, 2009, she continued to engage in the practice of professional counseling in a private for-profit setting, notwithstanding that she did not possess a valid license in New Jersey, in violation of N.J.S.A. 45:8B-39(a). Moreover, N.J.S.A. 45:1-7.1 provides, among other things, that any professional license not renewed within thirty (30) days of its expiration date shall be suspended, and any individual who continues to practice after that date shall be deemed to be engaged in unlicensed practice.

It appearing that the respondent desires to resolve this matter without further proceedings, and the Committee finding this Consent Order to be adequately protective of the public interest, and other good cause appearing;

IT IS THEREFORE ON THIS 22 DAY OF February, ~~2009~~²⁰¹⁰
ORDERED:

1. Respondent is reprimanded for engaging in the unlicensed practice of professional counseling, in violation of N.J.S.A. 45:8B-9(a).

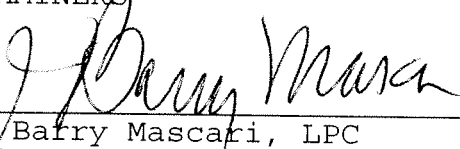
2. Respondent shall pay a civil penalty in the amount of five hundred dollars (\$500.00) for practicing professional counseling without a license. Payment shall be made by certified check or money order, payable to the "State of New Jersey" and sent to Elaine DeMars, Executive Director, Professional Counselor

Examiners Committee, P. O. Box 45044, Newark, New Jersey 07101.
The civil penalty shall be paid simultaneously with the signing of the within order.

3. Failure to remit payment as required by this Order will result in the filing of a Certificate of Debt and such other proceedings as are permitted by law.


4. Respondent shall complete 40 hours of continuing education for the 2008-2010 renewal period on or before June 1, 2010. Respondent shall submit written documentation to the Committee on or before June 15, 2010 demonstrating that she fully attended and successfully completed all 40 hours of continuing education. The 40 hours of continuing education submitted for the 2008-2010 renewal shall not be counted for the 2010-2012 hours of continuing education required for biennial renewal pursuant to N.J.A.C. 13:34-15.1.

PROFESSIONAL COUNSELOR EXAMINERS
COMMITTEE OF THE NEW JERSEY STATE
BOARD OF MARRIAGE AND FAMILY THERAPY
EXAMINERS



J. Barry Mascari, LPC
President

I have read the above Order and I understand and agree to abide by its terms. Consent is hereby given to the Professional Counselor Examiners Committee of the State Board of Marriage and Family Therapy Examiners to enter this Order.



Kate P. Kolbert, LPC

Kate Kolbert, M.A., LPC
261 Orchard Street
Westfield, New Jersey 07090
908-654-6500 Fax 908-654-6645

March 4, 2010

J. Barry Mascari, President
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners
P.O. Box 45044
Newark, NJ 07101

Dear Dr. Mascari:

Enclosed please find documents certifying 46 CEU's as requested by the Professional Counselor Examiners. Please be advised that this is my third submission of these documents. They include:

- 14 Ceu's Meditation and Psychotherapy Harvard Medical School May 1-2, 2009
- 24 Ceu's Directs in Mental Health, Vol. 11 Hatherleigh Co. May 5, 2009
- 4 Ceu's Ethical Issues in Psych., Vol. 10 Hatherleigh Co. July 23, 2009
- 4 Ceu's Ethical Issues in Psych., Vol. 11 Hatherleigh Co. July 23, 2009

I have also enclosed a copy of my letter to Elaine DeMars requesting that my file should include the fact that a license renewal was never sent to me. However, I do accept responsibility for not realizing that my license due date had lapsed.

Sincerely,



Kate Kolbert, M.A., LPC

FROM :

FAX NO. : 9086546645

Apr. 27 2010 02:24PM P1

261 Orchard Street
Westfield, New Jersey 07090
908-654-6500
Fax 908-654-6645

**Westfield Center
for Counseling**

Fax

To: Susan Berger From: Nate Albert
Fax: _____ Pages: 1 including cover
Phone: _____ Date: 4/27/10
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

◆ Comments:

As requested

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elaine Demars, Exec. Dir.
St. Bd. Marriage & Family Th. Ex
Prof. Conv. EXAMINERS
PO BOX 45044
Newark, NJ 07101

2. Article Number

(Transfer from service label)

7009 2250 0002 2419 0317

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED MAR 9 2010

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J. Barry Mascari
St. Bd. of Marriage & Family Th.
Prof. Conv. EXAMINERS
PO BOX 45044
Newark, NJ 07101

2. Article Number

(Transfer from service label)

7009 2250 0002 2419 0324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ YesIf YES, enter delivery address below: ☐ No

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3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

FROM :

FAX NO. : 9086546645

Apr. 27 2010 02:24PM P3

CONTINUING EDUCATION SCORE REPORT

Ethical Issues in Psychotherapy, Volume 11

HATHERLEIGH
62545 STATE HIGHWAY 10
HOBART NY 13788
www.hatherleigh.com

Registry Number: 153942
Date Processed: 07/23/2009
Program ID: 398
Total Questions: 12
Total Score: 12
CE Hours Awarded: 4.00

Question	Your Response	Correct Response
1	D	D
2	B	B
3	A	A
4	D	D
5	C	C
6	B	B
7	D	D
8	B	B
9	D	D
10	B	B
11	A	A
12	D	D

Ⓒ Incorrect response. Please review.

DELIVER TO:

Kate Kolbert
37 Canterbury Lane
Westfield, NJ 07090

Ethics in Psychotherapy

Kate Kolbert

HAS SUCCESSFULLY COMPLETED

Ethical Issues in Psychotherapy, Volume 11

AND HAS EARNED 4 CONTINUING EDUCATION CREDITS

THE HATHERLEIGH COMPANY, LTD. IS APPROVED BY

THE AMERICAN PSYCHOLOGICAL ASSOCIATION

TO OFFER CONTINUING EDUCATION FOR PSYCHOLOGISTS.

HATHERLEIGH MAINTAINS RESPONSIBILITY FOR THE PROGRAM.

JULY 23, 2009

APA APPROVED

✓

FROM :

FAX NO. : 9086546645

Apr. 27 2010 02:25PM P4

The Hatherleigh Company, Ltd.
Continuing Education Registry
5-22 46th Avenue Suite 200
Long Island City, NY 11101
1-800-367-2550
www.hatherleigh.com

Registry Number: 153942
Date Processed: 05/05/2009
Program ID: 090
Total Questions: 48
Total Score: 46
CE Hours Awarded: 24.0

DELIVER TO:

Kate Kolbert
261 Orchard Street
Westfield, NJ 07090

CONTINUING EDUCATION SCORE REPORT

Directions in Mental Health Counseling Volume 11

Question	Your Response	Correct Response	Question	Your Response	Correct Response	Question	Your Response	Correct Response
1	C	C	21	D	D	41	D	D
2	B	B	22	B	B	42	C	C
3	A	A	23	B	B	43	D	D
4	C	C	24	C	C	44	B	B
5	D	D	25	D	D	45	D	D
6	A	A	26	B	B	46	D	D
7	C	C	27	C	C	47	B	C
8	D	D	28	A	A	48	D	D
9	C	C	29	B	B			
10	C	C	30	D	D			
11	D	D	31	A	A			
12	D	D	32	B	C			
13	C	C	33	D	D			
14	B	B	34	B	B			
15	D	D	35	C	C			
16	C	C	36	D	D			
17	D	D	37	C	C			
18	B	B	38	D	D			
19	C	C	39	B	B			
20	C	C	40	C	C			

C Incorrect response. Please review.

Directions in Mental Health Counseling

Kate Kolbert

HAS SUCCESSFULLY COMPLETED

Directions in Mental Health Counseling Volume 11

AND HAS EARNED 24 CONTINUING EDUCATION CREDITS

THE HATHERLEIGH COMPANY, LTD. IS AN APPROVED CONTINUING EDUCATION PROVIDER
BY THE NATIONAL BOARD OF CERTIFIED COUNSELORS.

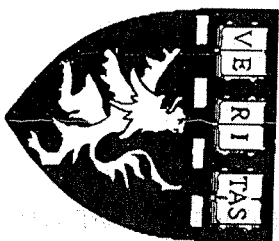
THE HATHERLEIGH COMPANY, LTD. IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION
TO PROVIDE CE TO PSYCHOLOGISTS.

MAY 5, 2009

NBCC #5448
NAADAC #000171

HARVARD MEDICAL SCHOOL

DEPARTMENT OF CONTINUING EDUCATION



certifies that

Kate Kolbert

has participated in the educational activity titled

**Meditation and Psychotherapy: Cultivating
Compassion and Wisdom**

May 1-2, 2009

This activity was designated for 14.00 AMA PRA Category 1 Credit(s).™

Boston, Massachusetts

Sanjit Chopra, M.B., B.S.,
Faculty Dean for Continuing Education
Professor of Medicine



Judy Reiner Platt, Ed.D.
Director

CAMBRIDGE HEALTH ALLIANCE
Department of Psychiatry
Continuing Education Division
Affiliated with
HARVARD MEDICAL SCHOOL



Doris Hutchinson
Administrative Assistant

MEDITATION AND PSYCHOTHERAPY
May 1-2, 2009
Boston Park Plaza Hotel

This Certifies Attendance in its Entirety to

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer continuing medical education for physicians. Harvard Medical School designates this educational activity for a maximum of 14 AMA PRA Category 1 credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.


The Cambridge Health Alliance, Psychiatry Continuing Education Division, is approved by the American Psychological Association to sponsor continuing education for **Psychologists**. The Cambridge Health Alliance maintains responsibility for the program and content. This course offers 14 continuing education credits.

The American Nurses Credentialing Center, Commission on Accreditation, accepts continuing education from the Accreditation Council on Continuing Medical Education (ACCME) toward recertification. The Cambridge Health Alliance, Psychiatry Continuing Education Division, verifies that this course is a planned, organized learning experience designed to augment the knowledge, skills, and attitudes for the enhancement of nursing practice to the end of improving health care to the public as mandated by Massachusetts Regulation 244 CMR 5.00 toward relicensing requirements. This course offers 16.8 contact hours.

This program has been approved for 14 Continuing Education hours for relicensure, in accordance with 258 CMR Collaborative of NASW-MA and the Boston College and Simmons College Schools of **Social Work**, Authorization Number D 40573-2.

The Cambridge Health Alliance, Psychiatry Continuing Education Division, is an Approved Continuing Education Provider and may offer NBCC approved clock hours for events that meet NBCC requirements. The Cambridge Health Alliance solely is responsible for all aspects of the program. This program is approved for 14 clock hours, Provider # 5444, and is also applicable for Commonwealth of Massachusetts **Counseling/Allied Mental Health** accreditation and **PDP Educator** accreditation for 14 credits.

This activity has been certified by the Massachusetts and Rhode Island Association(s) for **Marriage & Family Therapy**, Inc, for professional continuing education. Certificate # PC-07718, for 14 contact hours, and has been approved by the Connecticut Association for Marriage and Family Therapy (CTAMFT) for 14 continuing education units, Certificate # 2295.


Judy Reiner Platt, Ed.D.
Director, Continuing Education

Cambridge Health Alliance Physicians Organization - Continuing Education
P.O. Box 398075 - Inman Square Cambridge, MA 02139
Telephone: (617) 503-8445 Fax: (617) 503-8460
Email: cme@challiance.org Website: www.cambridgecme.org

FROM :

FAX NO. : 9086546645

Apr. 27 2010 02:30PM P1

261 Orchard Street
Westfield, New Jersey 07090
908-654-6500
Fax 908-654-6645

**Westfield Center
for Counseling**

Fax

To: Susan Berger From: Nate Albert
Fax: _____ Pages: 7 including cover
Phone: _____ Date: 4/27/10
Re: _____ CC: _____
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

As requested

oops 1 more page